

## OATH OF OFFICE For Local Health Authorities in the State of Texas

I, Philip P.		, do solemnly swear
of the State of Texas and	aithfully execute the duties of the off d will to the best of my ability, prese	rve, protect, and defend
the Constitution and law	ys of the United States and of this Sta	te, so help me God.
	Affiant H	
	15 Waller St, Austin, Texas 78702	
	Mailing Address	ZIP
	512-972-5855	
	(Area Code) Phone Number (day and e	vening)
	Philip.huang@austintexas.gov	
	Email Address	
SWORN TO and subscribe	d before me this 19 day of 100	) <u>,</u> , 20 KL
	0'0 M	
JACQUELINE JOHNSON GARZA Notary Public	Signature of Person Administering Oat	h
STATE OF TEXAS My Comm. Exp. Oct. 12, 2014	Jacqueline Johnson-Garza	
(Seal)	Printed Name	
	Notary Public for the State of Texas Title	



### OATH OF OFFICE

For	Local	Health	<b>Authorities</b>	in	the	State	of	Texas
T. OI	Local	Mean	Authorities			Dian	UI	1 CAAS

I,	Paul R. H	linchey, M.D.	, do solemnly swe
			s of the office of Health Author
			lity, preserve, protect, and defe
the Cons	stitution and law	s of the United States and	pf this State, so help me God.
		Affiant	
		Alliant	
		517 South Pleasant Valle	y, Austin, Texas 78741
		Mailing Address	ZIP
		<b>740.070.0004</b>	0.00 0.00 0.00
		512-978-0001 (Area Code) Phone Number	919-946-5775
		(Area Code) Frione Number	r (day and evening)
		Paul.hinchey@austintexa	s.gov
		Email Address	-
SWORN	TO and subscribe	d before me this 12 day	of tebruary, 2014.
		7	, ==,
		( Marso	
		Signature of Person Admin	istoring Oath
		1 111	
		William E.	١١٥
(Seal)		Printed Name	
		N-4Dall 6 41 C4	4 6 TD
, , , , , , , , , , , , , , , , , , , ,	LIAM E COLL nmission Expires	Notary Public for the Sta	te of Texas
) My Cor Jani	pary 17, 2018	1 IUC	
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### **OATH OF OFFICE**

#### For Local Health Authorities in the State of Texas

Market and the State of the Sta	se G. Cabanas, M.D.	
(or affirm), that I	will faithfully execute the duties	s of the office of Health Authority
of the State of Tex	as and will to the best of my abi	ility, preserve, protect, and defend
the Constitution a	nd laws of the United States and	of this State, so help me God.
	Glouran	mmpH
	Affiant	
	517 South Pleasant Valle	y, Austin, Texas 78741
	Mailing Address	ZIP
	512-978-0004	787-292-9324
	(Area Code) Phone Number	r (day and evening)
	<u>Jose.cabanas@austintexa</u>	as.gov
	Email Address	
	bscribed before me this day  Signature of Person Admin	\
(Seal)	Printed Name	
WILLIAM E COLL My Commission Expire	Notary Public for the Sta	te of Texas



# **OATH OF OFFICE**For Local Health Authorities in the State of Texas

I, <u>Bi</u>	rch Duke Kimbrough	, do solemnly swear				
	(or affirm), that I will faithfully execute the duties of the office of Health Au					
	of the State of Texas and will to the best of my ability, preserve, protect, and defend					
the Constitution and la	aws of the United States and of Affiant	f this State, so help me God.				
	_3801 S. Lamar Blvd, Austin,					
9.	Mailing Address	ZIP				
	<u>512-448-7160</u> (Area Code) Phone Number (	512-422-5635 day and evening)				
	<u>bdukekimbrough@s bcg</u> Email Address	lobal.net				
SWORN TO and subscribed before me this						
JACQUELINE JOHNSON GARZA Notary Public STATE OF TEXAS My Comm. Exp. Oct. 12, 2014	Signature of Person Administ	ering Oath				
(Seal)	Printed Name	TIM (201 20)				
(2000)	Notary Public Title	for the State of Tx.				